## **UNITED STATES DISTRICT COURT**

for the

<u>Easkrn</u> di	istrict of Virginia
	Division
Tamyka Brown	) Case No. (to be filled in by the Clerk's Office)
Plaintiff(s)  (Write the full name of each plaintiff who is filing this complaint.  If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)  -v-  Ellen Marie Hess; Ralph Northam; Maiiju Ganeriwala	) ) Jury Trial: (check one) Yes No ) )
Defendant(s)  (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	) ) ) ) ) ) )

### **COMPLAINT FOR A CIVIL CASE**

### I. The Parties to This Complaint

#### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Tamyka Brown	
Street Address	1000 Saint Andrews Way, Unit A	
City and County	Chespeake	
State and Zip Code	VA	
Telephone Number	757-933-0093	
E-mail Address	tbrown0211@gmail.com	

### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

### Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

Defendant No. 1	
Name	Ellen Marie Hess
Job or Title (if known)	Commissioner, Virginia Unemployment Compensation
Street Address	6606 West Broad Street
City and County	Richmond
State and Zip Code	Virginia, 23230
Telephone Number	
E-mail Address (if known)	ellenmarie.hess@vec.virginia.gov
Defendant No. 2	
Name	Ralph Northam
Job or Title (if known)	Governor of the Commonwealth of Virginia
Street Address	State Capitol Third Floor
City and County	Richmond
State and Zip Code	Virginia, 23219
Telephone Number	804-786-2211
E-mail Address (if known)	
Defendant No. 3	
Name	Maiiju Ganeriwala
Job or Title (if known)	State Treasurer Risk Management Division
Street Address	101 North 14th Street
City and County	Richmond
State and Zip Code	Virginia, 23219
Telephone Number	804-225-2142
E-mail Address (if known)	
Defendant No. 4	
Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	

#### II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

Wha	_	asis for leral que	federal court jurisdiction? (check all that apply)	
	red	erai que	stion Diversity of citizenship	
Fill c	out the p	aragraph	s in this section that apply to this case.	
A.	If th	If the Basis for Jurisdiction Is a Federal Question		
	are a	t issue ir	fic federal statutes, federal treaties, and/or provisions of the this case.  9 § 1657 9 § 503 1 XIV	ne United States Constitution that
В.	If the	e Basis 1	for Jurisdiction Is Diversity of Citizenship	
1. The Plaintiff(s)				
		a.	If the plaintiff is an individual	
			The plaintiff, (name)	, is a citizen of the
			State of (name)	
		b.	If the plaintiff is a corporation	
			The plaintiff, (name)	, is incorporated
			and a the large of the Otate of (	
			and has its principal place of business in the State of (n	
	(If more than one plaintiff is named in the complaint, attach an additional page providing same information for each additional plaintiff.)			additional page providing the
	2.	The 1	Defendant(s)	
		a.	If the defendant is an individual	
			The defendant, (name)	, is a citizen of
			the State of (name)	. Or is a citizen of
			(foreign nation)	

b.	If the defendant is a corporation		
	The defendant, (name)	, is incorporated under	
	the laws of the State of (name)	, and has its	
	principal place of business in the State of (name)		
	Or is incorporated under the laws of (foreign nation)		
	and has its principal place of business in (name)		
same	nore than one defendant is named in the complaint, attach an e information for each additional defendant.) Amount in Controversy	additional page providing the	
1 116	Amount in Condoversy		
	amount in controversy-the amount the plaintiff claims the de-is more than \$75,000, not counting interest and costs of co		
	<ul> <li>Defendants negligence and lack of action towards the resol</li> <li>ached various constitutional and statutory rights afforded to re-</li> </ul>		

#### III. Statement of Claim

3.

\$76,000.00

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Under §60.2-100 of the Virginia Code, the Defendants have recklessly neglected numerous duties established, which has led to the violation of the plaintiff's constitutional rights of due process. Plaintiff was laid off from employment due to COVID-19 on December 15, 2020. Plaintiff promptly applied for unemployment benefits to which she is rightfully entitled to. Plaintiff engaged in the appropriate and constant follow-up communication required of her in regards to her application and entitled benefits. Approximately 5 months have passed since Plaintiff submitted her application, and the Defendants have not provided her with a response. Despite being award of their duties under §60.2-100 and having a statutory obligation to pay benefits when due, the Defendants continue to neglect their duties and provide proper and functional resources towards a resolution while continuing to deprive the plaintiff of her constitutional rights.

#### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Plaintiff therefore demands judgement against Defendant in the amount of \$76,000.00 (SEVENTY SIX THOUSAND DOLLARS AND ZERO CENTS) for:

- 1. Inconvenience
- 2. Mental Anguish
- Emotional Distress;
- Per-judgement Interest, Post-Judgement Interest, Costs and Any Other Appropriate Relief.

Certi	rtification and Closing	
and bunned nonfi evide oppos	der Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my belief that this complaint: (1) is not being presented for an improper purpose, such a necessary delay, or needlessly increase the cost of litigation; (2) is supported by exist afrivolous argument for extending, modifying, or reversing existing law; (3) the fact dentiary support or, if specifically so identified, will likely have evidentiary support contunity for further investigation or discovery; and (4) the complaint otherwise comparison of Rule 11.	as to harass, cause ing law or by a ual contentions ha after a reasonable
Α.	For Parties Without an Attorney	
	I agree to provide the Clerk's Office with any changes to my address where cas served. I understand that my failure to keep a current address on file with the cin the dismissal of my case.	
	Date of signing: April 7, 2021	
	Signature of Plaintiff	
	Printed Name of Plaintiff Tamyka Brown	
В.	For Attorneys	
	Date of signing:	
	Signature of Attorney	

State and Zip Code Telephone Number E-mail Address



## INFORMATION FORM

- > In conjunction with General Order 2020-08 re: COVID-19, the Clerk's office counters are closed to the public until further notice to minimize personal interactions.
- > The public may use the drop box during hours when the court is closed but the buildings are open to the public.
- Clerk's Office staff retrieve documents from the drop boxes at 9:00 a.m. each day that the court is open.

Date: 04 07 2021		
Case Name (if applicable):		
Case Number(s) (if applicable):		
Company/Firm:		
Name/Contact: TAMYLA Brown		
Address: 1000 Saint Andrews Way Unit A		
City, State, Zip: OneScipooko VA 23320		
Phone: 752 933 0093		
Email Address: 100000000000000000000000000000000000		
CHECK/MONEY ORDER ENCLOSED YesNo (CASH NOT ACCEPTED)		

- > IMPORTANT Before placing your filing in the drop box, please ensure the following:
  - ✓ Case number and caption clearly identified on document(s).
  - ✓ Documents have been signed.
  - ✓ If documents are being filed by pro se litigant, please complete and sign the form titled: Local Rule 83.1(M) Certification and submit with your document(s).
- > QUESTIONS? Please use provided drop box telephone to call
  - ✓ Richmond 804-916-2220
  - ✓ Alexandria 703-299-2100
  - ✓ Norfolk/Newport News 757-222-7201

Tamyka Brown 1000 Saint Andrews Way, Unit A Chesapeake, VA 23320

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# UNITED STATES DISTRICT COURT EASTERN DISTRICT OF VIRIGINIA DIVISION

TAMUKA Brown Plaintiff(s),	
v. Ellen marie Hess, Ralph Northam, Maiju Ganeriwala Defendant(s).	Civil Action Number:
LOCAL RULE 83.1(M) C	CERTIFICATION
I declare under penalty of perjury that:  No attorney has prepared, or assisted in the preparation of	Complaint for Civil (all of Civil Cover Sheet (And all related closer
	(Title of Document)
Name of Pro Se Party (Print or Type)  Signalure of Pro Se Party  Executed on: 07 202 (Date)	
OR	
The following attorney(s) prepared or assisted me in prep	earation of  (Title of Document)
(Name of Attorney)	
(Address of Attorney)	
(Telephone Number of Attorney) Prepared, or assisted in the preparation of, this document  (Name of Pro Se Party (Print or Type)  Signature of Pro Se Party  Executed on:	